

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000901

**Entity Name:** RIDGE LIVE STEAMERS, INC.

**Current Principal Place of Business:**

124 CANDLEWOOD DRIVE  
LAKE WALES, FL 33898

**Current Mailing Address:**

124 CANDLEWOOD DRIVE  
LAKE WALES, FL 33898 US

**FEI Number:** 59-3366323

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORTE, JOHN T III  
124 CANDLEWOOD DRIVE  
LAKE WALES, FL 33898 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JOHN T FORTE III

03/17/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MEYER, TIM  
Address 5980 FOXHOLLOW ROAD  
City-State-Zip: WINTER HAVEN FL 33884

Title TREASURER  
Name FORTE, JOHN T III  
Address 124 CANDLEWOOD DRIVE  
City-State-Zip: LAKE WALES FL 33898

Title SECRETARY  
Name NEWCOMB, ALLEN P  
Address 433 SEAWANE CIRCLE  
City-State-Zip: AUBURNDALE FL 33823

Title PRESIDENT  
Name DELOACH, FRED  
Address 11230 82ND STREET E  
City-State-Zip: PARRISH FL 34219

Title DIRECTOR  
Name BABCOCK, ROBERT  
Address 4174 ABACO DRIVE  
City-State-Zip: TAVERES FL 32788

Title DIRECTOR  
Name REID, JAMES  
Address 6506 OAK HAMMOCK LANE  
City-State-Zip: WINTER HAVEN FL 33884

Title VP  
Name BLISS, DANA  
Address PO BOX 359  
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR  
Name MOUTRAY, ROBERT  
Address 5753 HIGHWAY 85 N #324  
City-State-Zip: CRESTVIEW FL 32536

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN FORTE

**TREASURER**

03/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STARCK, MIKEY  
Address 12725 93RD STREET  
City-State-Zip: FELLSMERE FL 32948

Title DIRECTOR  
Name RAUCH, BRUCE  
Address 105 KNOLL WOOD DRIVE  
City-State-Zip: POINCIANA FL 34759

Title DIRECTOR  
Name PATRICK, ROLLIN  
Address PO BOX 560262  
City-State-Zip: MONTVERDE FL 33475